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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-46)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Twentynine Palms Expands Military Sick Call Hours
NAVHOSP Twentynine Palms, CA (NSMN) -- To increase efficient medical services to the Marine Corps Communications-Electronics School (MCCES), and in keeping with the readiness issue as one of the top priorities of the Navy's Surgeon General and the Commandant of the Marine Corps, Naval Hospital Twentynine Palms' Military Sick Call at the Marine Corps Air Ground Combat Center (MCAGCC) began opening for business an hour and a half earlier each morning, starting 27 November. The new hours are 0600-1600, Monday through Friday.

"Between July and October of this year, we have seen 8,400 patients at Military Sick Call," said HMCS Dennis Preston.
"About 85 percent of those patients came from MCCES."

Military Sick Call moved up its opening time to better serve these patients. "The students at MCCES start their classes between 0730 and 0800, so if they are sitting in Sick Call waiting to be seen, they are missing out on some very important classroom time, thereby directly effecting readiness," said LCDR Mellissa Clifford, head, Military Sick Call Department.

"We feel that in addition to getting MCCES students in

before their classes start, this will also improve access and reduce the waiting time for all patients at Sick Call," said Clifford. "The largest group of our patients come in the morning hours, so we get backlogged with people waiting to be seen. By expanding the hours, we believe the work load will be spread out, allowing patients to have less of a wait to be seen."

"We are going to try this out for a couple of months to see how it works," said Preston. "If this doesn't handle the problem, then maybe we can look at something else."

"This move is outstanding," said 1stSgt Daniel Spicer, First Sergeant for Company A/Comm-Elect Maintenance School. "We have needed this for a long time now. All of the company First Sergeants have been wanting something like this to happen so we can keep our students in class."

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HEADLINE: Navy Graduate Medical Education Rightsized

NSHS Bethesda, MD (NSMN) -- In response to the continued rightsizing pressure on the Department of Defense as a whole and on the Navy Department in particular, the Navy's Medical Education Policy Council recently recommended to the Surgeon General a 9.5 percent reduction in funded Navy Graduate Medical Education billets spread over four years. While there is no way to rightsize without some pain, careful attention was given to preserving top-quality educational programs at the intern, residency and fellowship levels.

The Medical Education Policy Council gave careful consideration to input from appropriate specialty leaders throughout Navy medicine as well as to civilian Accreditation Council for Graduate Medical Education (ACGME) guidelines and the changing medical requirements of the Navy as dictated by the Total Health Care Support and Readiness Requirement (THCSRR) planning model. Where possible, training programs were rightsized rather than closed outright and multiple training sites were preserved to maintain optimal planning flexibility.

It needs to be emphasized that GME is being rightsized across all three services and in the civilian sector as well, particularly in non-primary care areas. It should also be pointed out that this 9.5 percent reduction has occurred at a time when the Navy as a whole has been reduced by over 37 percent.

Applicants to the 1995 Joint Services Graduate Medical Education Selection Board (JSGMESB) should be reassured that those who interviewed at and ranked as their first choice a program that was subsequently significantly rightsized or eliminated will not be penalized. The Board will be instructed to select the most qualified applicants for training in each specialty, regardless of interview site. If a qualified individual's selected site for training has been eliminated, that individual will be contacted during the JSGMESB and asked if another site would be acceptable.

All Navy hospitals have been briefed about these changes. If you have questions, feel free to contact your specialty leader, the Graduate Medical Education Office at the nearest

teaching hospital or the Naval School of Health Sciences' Graduate Medical Education office at (301) 295-5930, DSN 295-5930.

Story by CAPT Joel C. Labow, MC, Director for Graduate Medical Education, Naval School of Health Sciences

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HEADLINE: BUMED Message Cancels Follow-on Training

NNMC Bethesda, MD (NSMN) -- Hospital Corps Clinical Orientation (HCCO), commonly referred to as "follow-on training," will be permanently canceled for Navy corpsmen after 1 January 1996.

The Bureau of Medicine and Surgery decided to do away with the program because it repeated skills training already given in Hospital Corps "A" School, took too long for Navy corpsmen to complete, and denied young corpsmen fleet experience during their first tour.

According to a message released by BUMED 26 October, "With current practices in medicine and the increasing shift from the inpatient to the outpatient setting, all the competencies of the subject training are no longer required. In addition, due to resource limitation, many new HM 'A' School graduates spend an inordinate amount of time in non-patient care environments awaiting formal HCCO."

"If a corpsman checked aboard this hospital and walked into an HCCO class within a couple of weeks of his or her arrival from Corps School, he or she should be bored to tears," said HMCM Lee Larson, NNMC Bethesda's command master chief.

"There are really five areas that require competency testing or certification: suturing, patient assessment, venipuncture, IV therapy and medication. All of these except medication are in the hospital corpsman Professional Advancement Requirements (PARs), and medication is something we do on the ward anyway."

The departure of HCCO will place emphasis on PARs and the method of verifying. According to BUMED, "These advancement requirements are used to verify an individual's ability to meet various rating skills and abilities. To simply sign off the various competencies without requiring skill demonstration degrades our readiness posture and gives a false sense of preparedness for advancement."

"The most important thing, as far as I am concerned, is that it will change the mix of hospital corpsmen at shore commands," said Larson. "A hospital corpsman can now be assigned directly to a fleet unit in the same fashion as any other Sailor straight out of 'A' School. New corpsmen were kept from the fleet for 18-30 months after Hospital Corps School while going to a hospital for HCCO. Now, young corpsmen can go to sea, right out of Corps School," said Larson.

According to Larson, fleet experience will give junior corpsmen a stronger appreciation for shore commands, and a perspective on the lifestyles of the Sailors they care for.

Story by JO2 Roy DeCoster, National Naval Medical Center

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HEADLINE: NSFA/VXE-6 team up to save a life in Antarctica

NSFA McMurdo Station, Antarctica (NWSA) -- The teamwork of Naval Support Force Antarctica (NSFA) and Antarctic Development Squadron 6 (VXE-6) saved the life of a scientist who was working in a remote region of Antarctica on 16 November.

Air traffic controllers from NSFA received an emergency radio call from a scientific field camp, located 50 miles west of McMurdo Station, advising that one of their scientists was in medical distress. Immediately, a twin-Huey helicopter from VXE-6, which was already airborne, was diverted to the camp to bring the patient back to McMurdo Station.

Upon arrival in McMurdo Station, the patient, a female Swedish citizen, was met by NSFA medical personnel. After evaluation by NSFA's medical officer, it was decided the patient should be medically evacuated to Christchurch, New Zealand, some 2,100 miles north of McMurdo Station, to better deal with the patient's cardiac and respiratory distress.

Fortunately, VXE-6 was already preparing one of its ski-equipped LC-130 Hercules aircraft for a resupply trip to the South Pole and planning for this contingency had already been done. The flight crew immediately reconfigured the aircraft to support the medevac operation. Just prior to take off, the patient went into shock and stopped breathing. NSFA medical staff successfully resuscitated and stabilized her, and the flight was able to take off at approximately 1 a.m., 17 November.

The NSFA force medical officer, VXE-6 flight surgeon and two NSFA hospital corpsmen provided constant care to the patient during the long flight. Eight hours later the flight landed in Christchurch and the patient was immediately transported to Christchurch Public Hospital where she is in good condition. Story by JOC Brady Bautch, NSFA Public Affairs

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HEADLINE: Naval Reserve Nurse Receives Flight Wings

NAS JRB New Orleans -- CDR Gail Mollere, NC, USNR, recently became the first female Selected Reservist in the Navy Nurse Corps to be awarded Naval Flight Nurse Wings.

Mollere, a 17-year Navy veteran, drills with Fourth Marine Air Wing Medical (4th MAWMED), a Navy Medical Reserve unit attached to Marine Air Group Four Two (MAG-42), Detachment C, at Naval Air Station Joint Reserve Base (NAS JRB) New Orleans.

"I have wanted to earn my wings and become operational since my commissioning," said Mollere.

Navy Flight Nurse Wings were first awarded in 1945 to nurses assigned to duty evacuating patients by air. These nurses were commissioned officers working as volunteers. After the Vietnam War, the wings were no longer awarded to Navy nurses because Air Force nurses were flying medevacs and airvacs. Navy Flight Nurse Wings were brought back around 1980.

To qualify for her wings, Mollere completed a five-and-a-half-week Flight Nurse course at the U.S. Air Force School of Aerospace Medicine at Brooks Air Force Base in San Antonio. The main focus of the training was aerospace physiology, which studies the stresses of flight on medevac patients and flight

crew.

The training included a rigorous field and land survival course and an emergency ditching exercise. Mollere and her Air Force partner finished first in the rescue swim during the ditching survival exercise.

Trainees spent time in an altitude chamber at 25,000-30,000 feet, and they also reconfigured C-130s, C-141s, and C-9s to allow for expeditious loading and downloading of litters. Mollere's "flight" set the school record for aircraft download -- 15 litters in less than four minutes.

"After you've earned your wings, you are assigned to your squadron to qualify for the specific aircraft type," said Mollere. "Fourth MAWMED flies the Huey helicopters."

The commander received her Naval Flight Nurse Wings pin from her brother, LT Paul J. Mollere, MC, flight surgeon for Carrier Air Wing 14, USS CARL VINSON (CVN 70), during a ceremony at Brooks AFB in August.

In her civilian life, Mollere is a registered nurse currently studying to receive her Master's in Sports Medicine. She resides in Pensacola, FL.

Story by JO1 Paula Nowakowski, NAS JRB New Orleans

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HEADLINE: Congresswoman Morella Speaks at NNMC's World Aids Day
NNMC Bethesda, MD (NSMN) -- U.S. Representative Constance Morella of Maryland's 8th District will be the guest speaker at the National Naval Medical Center's World AIDS Day observance 1 December. This year's theme is "Shared Rights, Shared Responsibilities." The program is sponsored by the Henry M. Jackson Foundation for AIDS Research.

According to Dr. Nancy Ruiz, Jackson Foundation research physician and chair of World AIDS Day, the theme, as defined by the American Association for World Health, emphasizes the rights that each person has to avoid infection, receive health care if infected and be given respect and personal freedom. It also urges the world to focus on the shared responsibilities of individuals, families, communities and governments in educating one another, caring for those infected and developing a strong support system.

"Younger people have become more receptive to the message," Ruiz said, "but there is still a long way to go."

Other speakers on the program are COL Donald Burke, MC, USA, and CAPT Carl June, MC.

Burke, director, Division of Retrovirology, Walter Reed Army Medical Center, will speak on "The Military Battle Against HIV: Past, Present and Future." June, head, HIV Studies, Immune Cell Biology Program, Naval Medical Research Institute, will talk on "Immunotherapy in HIV."

Ruiz stated that one in 200 people in the United States are infected with HIV.

Figures provided by LCDR Ann Fallon, MC, Navy Central HIV Program, show that the numbers of Sailors and Marines who tested HIV positive last year were down from previous years. "We have a vigorous HIV education program to try to further decrease the

numbers of new HIV positives," Fallon explained. "Last year, HIV educators trained over 650,000 Department of the Navy individuals (active duty and civilian) about transmission and how to prevent infection."

NNMC's World AIDS Day celebration will include a candlelight memorial service for all Navy men and women who have died from AIDS. A piece of the AIDS quilt being sewn especially for those Sailors will be on display in the chapel. The celebration will also serve as an education vehicle, with information on HIV and AIDS available in the form of pamphlets, display booths and interactive videos.

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HEADLINE: High Score Punctuates Accreditation

NMC San Diego (NSMN) -- Officials here have announced that Naval Medical Center San Diego recently achieved its highest score ever from the Joint Commission on Accreditation of Healthcare Organizations, or JCAHO. A score of 95, out of a possible 100, garnered the center an "Accreditation with Commendation," which is the highest level of accreditation awarded by the JCAHO, the nation's oldest and largest accrediting body.

"Receiving Accreditation with Commendation is a significant achievement, one that recognizes exemplary performance by the Naval Medical Center," said Dennis S. O'Leary, MD, president of the Joint Commission. "The Center and its staff should be commended for their commitment to providing quality care to their patients."

According to CDR Cashmere Monroe, program manager in the Center's Performance Improvement Unit, "JCAHO surveyors inspect the Naval Medical Center every three years. They look at both medical and administrative functions and then evaluate how near to optimal standards the center operates.

Navy and JCAHO officials add that it is important to note those standards are established by an independent civilian commission of representatives from the American College of Physicians, the American College of Surgeons, the American Dental Association, the American Hospital Association, the American Medical Association, and other academic boards and public members.

"The JCAHO survey is the scale by which almost every health care organization in the United States measures the quality of services it provides," Monroe continued. "And integrity is locked in since the commission is not aligned with any commercial health care organization or the federal government. The commission's allegiance is solely to the delivery of the highest quality health care."

Story by Pat Kelly, Naval Medical Center San Diego

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HEADLINE: FDA Gives 'Stamp of Approval' to Mammography Program

NAVHOSP Pensacola, FL (NSMN) -- In the first year of federal requirements for certification, Naval Hospital Pensacola's Mammography Program gained the Food and Drug Administration's

(FDA) "stamp of approval," said hospital radiologist, CDR Harlan Herr, MC.

As of 1 October 1994, all medical facilities in the United States offering mammography programs, including the Navy's, were required to be certified by FDA as providing safe and competent programs in order to lawfully continue to perform those services.

"The FDA came in and inspected our Mammography Program during the month of September," said CAPT Neal Flowers, MC, head of the hospital's Radiology Department. "The outcome was that we received the highest possible score for certification."

Mammography is a safe, low-dose X-ray of the inside of the breast that has been demonstrated to reduce breast cancer mortality, particularly in older women. There are two types of mammograms performed by the hospital's Radiology Department: screening and diagnostic.

For the hospital's Mammography Program to be accredited, there had to be periodic reviews of its clinical images, an annual survey by a medical physicist, and it had to meet federally developed quality standards for personnel qualification, quality assurance programs and record-keeping and reporting, said Mrs. Aries Snow, one of two civilian technologists working with Naval Hospital Pensacola's Mammography Program. "We were perfect throughout all areas," she said.

"We have to meet certain educational requirements, have a continuing education program and undergo specialty training ... plus bring up the quality assurance standards of the Mammography Program which is a must, and helps save lives," said Snow.

"Our program is the result of many years of continuous work to make it better," said Herr. "Each year we made improvements, and continued learning along the way ... and we're still learning how to make our Mammography Program even better."

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3. Important Dates for the Month of December from the Bureau of Naval Personnel:

1 December: Active O-6 Chaplain Corps Selective Early Retirement Board Convenes

4 December: Active O-6 Supply Corps Selective Early Retirement Board Convenes

4 December: Active CWO-4 Selective Early Retirement Board Convenes

4 December: Active O-6 Line Selective Early Retirement Board Convenes

4 December: TAR O-5 Continuation Selection Board Convenes
5 December: Morning (0600-0800) and Night (until 2200)

Detailing, Washington, DC, Time

6 December: Active O-5 Supply Corps Selective Early Retirement Board Convenes

11 December: Surface Commander Command Screen Board Convenes

12 December: Active Recruiter Excellence Incentive Program Selection Board Convenes

12 December: Active Deep Freeze Selection Board Convenes

13 December: Active Spot Promotion Selection Board Convenes

19 December: Morning (0600-0800) and Night (until 2200)
Detailing, Washington, DC, Time

31 December: Mid-Term Evaluation Counseling for CW01, CW02
Story by LT Kelly Watson, Bureau of Naval Personnel

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HEADLINE: December is Drunk, Drugged Driving Prevention Month
NHTSA Washington (NSMN) -- In the last decade, encouraging progress has been made in reducing injury and death in motor vehicle crashes involving drivers and pedestrians impaired by alcohol and other drugs. However, alcohol-related crashes still claimed 16,600 lives in 1994, about a third of them under 25 years of age, and remain a leading cause of death for teenagers and young adults. These alcohol-related crashes, injuries and fatalities cost society at least \$46 billion in lost productivity, medical costs, property damage and other direct expenditures. Over \$5 billion of these costs was for health care.

To help reduce these senseless tragedies, the National 3D Prevention Month Coalition, made up of public and private sector organizations, has declared December as National Drunk and Drugged Driving (3D) Prevention Month. This year's theme is "Take a Stand Against Impaired Driving."

In December, MADD -- Mothers Against Drunk Drivers -- conducts a Red Ribbon Campaign, during which communities display red ribbons and banners to focus national attention on the issue of impaired driving.

SUBHEAD: Learn How to Separate the Myths From the Facts

Myth: "Alcohol is a stimulant."

Fact: Alcohol is a depressant. It acts on the central nervous system like an anesthetic to lower or depress the activity of your brain.

Myth: "Drinking coffee sobers me up."

Fact: Coffee cannot rid your system of alcohol. Only time reverses impairment.

Myth: "I always stay away from the hard stuff."

Fact: Alcohol is alcohol. Beer has the same effect as straight scotch. One 12-ounce beer has as much alcohol as a 1.5-ounce shot of whiskey or a 5-ounce glass of wine.

Myth: "I'm bigger so I can handle my liquor better."

Fact: Size is only one factor in how much you can drink. Metabolism, amount of rest and food intake all play a part in how you handle liquor. Impairment in motor reflexes and judgment can begin with the first drink.

Myth: "I'll just drive slower."

Fact: Many people do, believing they actually compensate for being impaired by creeping along at 22 mph. This can be very dangerous, especially on a highway where law-abiding drivers are traveling at least double that speed. The truth is, impaired drivers are unsafe at any speed.

SUBHEAD: The Statistics Are Staggering

-- About two in every five Americans will be involved in an

alcohol-related crash at some time in their lives.

-- In 1994, 16,600 people died in crashes in which there was alcohol involved. That's about 300 a week. Additionally, almost half a million people were injured in impaired driving crashes.

-- Every 30 minutes in the United States, someone dies in an alcohol-related crash. Every two minutes, someone is injured.

-- Nearly half of all motor vehicle fatalities are alcohol related.

-- Alcohol-related highway crashes are the leading cause of death for adolescents and young adults in the United States.

-- A serious crash happens about once every minute.

SUBHEAD: How You Can Take A Stand Against Impaired Driving

-- Seat belts are the best defense against an impaired driver. Eighty percent of all occupants killed in DWI crashes are unrestrained by seat belts. Research has shown that safety belts reduce the risk of fatal or serious injury to front-seat passengers by 45-50 percent.

-- It's everybody's responsibility to take action to prevent impaired driving. If you and your friends choose to drink, plan ahead: take a cab, designate drivers, call friends for rides or stay home.

-- If you host a party, be responsible. Serve non-alcoholic beverages; serve high-protein food; control the amount of alcoholic beverages served (no open bars); ask alcohol-impaired guests to stay overnight or call a cab to ensure them a safe ride home; and take away the car keys of an impaired guest. Information provided by the National Highway Traffic Safety Administration

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR EMAIL TO BUMED, ATTN: NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 762-3223, DSN 762-3223. FAX (202) 762-3224, DSN 762-3224. EMAIL NMCOENL@BUMED10.MED.NAVY.MIL//

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